

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-026437

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

71
FILED JUL 23 1962

3012

69

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Clay	
b. CITY (If outside corporate limits, give TOWNSHIP only) Excelsior Springs		c. CITY OR TOWN Excelsior Springs	
Length of stay in lb 41 years		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Excelsior Hospital		d. STREET ADDRESS (If outside, give location) 715 Elmwood	
3. NAME OF DECEASED (Type or print) First James Middle Robert Last Warren		4. DATE OF DEATH Month June Day 20 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/28/1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	
13a. FATHER'S NAME John M Warren		13b. MOTHER'S MAIDEN NAME Sarah Ann Warren	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Mrs J.R. Warren, Excelsior Spgs, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonitis (lobar) Congestive heart failure enlarged heart PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Prostatitis- arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH 7 days sev. mos.	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY	
20g. STATE		20h. DATE SIGNED	
21. I attended the deceased from 6/14/62 to 6/20/62 and last saw him alive on 6/20/62 Death occurred at 12:10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) M. D.	
22b. ADDRESS Excelsior Springs, Mo.		22c. DATE SIGNED 7/7/62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6/22/1962	
23c. NAME OF CEMETERY OR CREMATORY Lawson		23d. LOCATION (City, town, or county) Lawson, Missouri	
24. FUNERAL DIRECTOR Richard Funeral Home, Inc.		25. DATE RECD. BY LOCAL REG. 7-3-62	
26. REGISTRAR'S SIGNATURE Caroline Hutchings		27. ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

2009 2 TOP SA

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Ralph Van Landingham

Licensed Embalmer No. 4009

Helvion Springs, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.